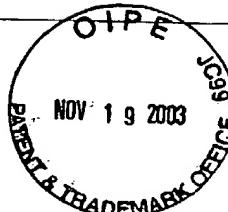


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Atty. Dkt. No.	M#	Client Ref.
	0273691	8247US/CON/WO/ DIV
Applicant: VAN DER LOO		
Appln. No.: 09/666,189		
Filing Date: December 22, 1997		
Examiner: A. Singh	Group Art Unit: 1770	

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Page 1 of 1

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Examiner's Initials*	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
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SR	
TR	
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*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.